



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>136340</u>		2. Exact name of the Corporation <u>AMERICAN-COLOMBIAN LIQUORS INC.</u>		
3. Principal office address <u>738 BRAD ST</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u>	Zip <u>02863</u>
4. Business Phone No. <u>726-2070</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>LIQUOR STORE</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (CHECK BOX FOR ATTACHMENT)				
President Name <u>MARIA ESQUIAQUI</u>		Vice-President Name		
Street Address <u>667 WASHINGTON HWY</u>		Street Address		
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City	State
Secretary Name		Treasurer Name <u>ELIZABETH ESQUIAQUI</u>		
Street Address		Street Address <u>667 WASHINGTON HWY</u>		
City	State	Zip	City <u>LINCOLN</u>	State <u>RI</u>
Zip <u>02865</u>				
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (CHECK BOX FOR ATTACHMENT)				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<u>NONE</u>	<u>COMMON</u>	<u>0</u>

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



FILED

FEB 17 2015

BY

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Elizabeth Esquiaqui 2/16/15
Signature of Authorized Representative Date

ELIZABETH ESQUIAQUI (TREASURER)
Print or Type Name of Authorized Representative